



Family Residences and  
Essential Enterprises, Inc.  
Reach High | Achieve More

191 Sweet Hollow Rd.  
Old Bethpage, New York 11804  
(516) 870-1600

## Student Internship/ Volunteer Application

Please be advised that the information obtained on this application is strictly confidential and will be used only to help us find an appropriate position for you).

**PLEASE CHECK THE APPROPRIATE BOX**

<b>VOLUNTEER</b>	<input type="checkbox"/>	<b>INTERN FOR CREDIT</b>	<input type="checkbox"/>
<b>UNPAID INTERN/ NO CREDIT</b>	<input type="checkbox"/>	<b>PAID INTERN</b>	<input type="checkbox"/>

### PERSONAL INFORMATION

LAST NAME				FIRST NAME				MIDDLE INITIAL	
CURRENT ADDRESS									
CITY				STATE		ZIP CODE			
HOME PHONE NUMBER				CELL PHONE NUMBER					
E-MAIL ADDRESS									
ARE YOU UNDER THE AGE OF 18?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

### EDUCATION, SKILLS, EMPLOYMENT / VOLUNTEER / INTERN EXPERIENCE

ARE YOU CURRENTLY IN HIGH SCHOOL	<input type="checkbox"/>	COLLEGE?	<input type="checkbox"/>	FRESHMAN	<input type="checkbox"/>	SOPHMORE	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>	SENIOR	<input type="checkbox"/>
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#### HIGH SCHOOL STUDENTS:

NAME OF HIGH SCHOOL					YEAR OF GRADUATION		
ADDRESS							
CITY				STATE		ZIP CODE	
GUIDANCE COUNSELOR					PHONE NUMBER		

#### COLLEGE STUDENTS:

INSTITUTION					YEAR OF GRADUATION		
ADDRESS							
CITY				STATE		ZIP CODE	
WILL YOU SEEK ACADEMIC CREDIT FOR THIS INTERNSHIP?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
PROJECTED START DATE OF INTERNSHIP				PROJECTED END DATE OF INTERNSHIP			

**IF SEEKING ACADEMIC CREDIT, INTERNS ARE RESPONSIBLE FOR OBTAINING AND MEETING THEIR SPECIFIC PROGRAM REQUIREMENTS.  
FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES WILL PROVIDE THE NECESSARY DOCUMENTATION FOR CREDIT UPON REQUEST.**

ACADEMIC ADVISOR					PHONE NUMBER	
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**PLEASE ATTACH THE PROGRAM REQUIREMENTS AND TIME REQUIREMENTS WITH YOUR APPLICATION**

### AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HOW MANY HOURS WILL YOU REQUIRE WEEKLY TO COMPLETE YOUR INTERNSHIP?**

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HAVE YOU EVER WORKED IN AN INTERNSHIP OR VOLUNTEER PROGRAM? YES  NO

IF YES, PLEASE LIST WHERE AND WHAT YOUR RESPONSIBILITIES WERE IN THE SPACE PROVIDED ON THE NEXT PAGE


IS THERE A PARTICULAR DEPARTMENT OR LOCATION WHERE YOU WOULD LIKE TO WORK AS AN INTERN / VOLUNTEER AT FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES? PLEASE LIST THEM IN ORDER OF PRIORITY	
1.	
2.	
3.	
WHAT SKILLS, HOBBIES, OR SPECIAL INTERESTS DO YOU HAVE?	
OTHER TRAINING:	

WORK HISTORY									
ARE YOU CURRENTLY WORKING FULL TIME?		PART TIME?		STUDENT NOT WORKING					
CURRENT EMPLOYER				FROM		TO			
ADDRESS				SUPERVISOR					
PHONE NUMBER				CAN WE CONTACT YOUR EMPLOYER? YES		NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE BY A COURT OF SUBJECT TO MILITARY COURT									
MARTIAL? YES		NO		IF YES, PROVIDE THE DATE AND NATURE OF THE OFFENSE:					
HAVE YOU EVER BEEN SUSPENDED, DISCHARGED, OR RESIGNED FROM EMPLOYMENT FOR AN INCIDENT OF									
PHYSICAL OR VERBAL ABUSE OF AN INDIVIDUAL, CO-WORKER, OR CUSTOMER? YES									
		NO							
IF YES, PROVIDE DATE AND NATURE OF THE OFFENSE:									

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES		NO	
DO YOU HAVE A VALID NEW YORK DRIVER LICENSE? YES		NO	



